S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34392

Registration District No. 399 NOV 12 1940

Primary Registration District No. 1002

Registrar's No. 3908

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 914 East 12th Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether

In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 914 East 12th Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mr. Durward Adrian Bennett, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Wilkie Hunter Bennett

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November (Month) 1 (Day) 1869 (Year)

8. AGE: Years 70 Months 11 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Monroe (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business Bennett Cabinet Shop

FATHER
12. Name James William Bennett
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Nancy Elizabeth Wagner
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant X Mrs. V. A. Bennett
(b) Address 5940 Beacraft Cincinnati Ohio

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct. 10, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-10-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from ___ to ___, 19__; that I last saw him alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema

Due to Chronic myocardial infarction

Due to Old & recent coronary occlusion

Other conditions (Include pregnancy within 3 months of death) 94B

Major findings: Of operations

Of autopsy Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Emil W. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kelso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.